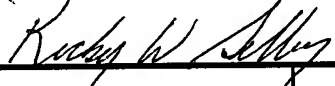


<b>COMBINED DECLARATION AND POWER OF ATTORNEY IN ORIGINAL APPLICATION</b>		<b>ATTORNEY DOCKET NO. KP-59</b>	
<p>I declare: that my residence and citizenship is as stated below next to my name; that I believe I am the original, first and sole inventor (if only I am named below) or joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought in the specification attached hereto entitled</p> <p style="text-align: center;"><b>CONSUMER GOODS RETAIL SALE DISPLAY PACKAGE</b></p> <p>that I have reviewed and understand the contents of the above-identified specification, including the claims; that I acknowledge the duty to disclose information which is material to the patentability of the application under 37 C.F.R. §1.56; that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.</p> <p>I appoint M. P. Williams (Reg. No. 19,220) my attorney to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:</p> <p>Direct all correspondence to:</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%;"> <p>M. P. Williams 210 Main Street Manchester, CT 06040</p> </div> <div style="width: 45%;"> <p>Voice: 860-649-0305 Fax: 860-649-1385 Email: <a href="mailto:mel@melpat.com">mel@melpat.com</a></p> </div> </div>			
<b>FULL NAME OF SOLE OR FIRST INVENTOR</b>  Ricky W. Selby		<b>INVENTOR'S SIGNATURE</b> 	
<b>DATE</b>  9/26/03		<b>RESIDENCE AND POST OFFICE ADDRESS</b> 13 Edwardsen Street, Danielson, CT 06239	
<b>CITIZENSHIP</b> USA		<b>FULL NAME OF 2<sup>ND</sup> JOINT INVENTOR, IF ANY</b> 	
<b>INVENTOR'S SIGNATURE</b> 		<b>DATE</b> 	
<b>RESIDENCE AND POST OFFICE ADDRESS</b> 		<b>CITIZENSHIP</b> 	
<b>FULL NAME OF 3<sup>RD</sup> JOINT INVENTOR, IF ANY</b> 		<b>INVENTOR'S SIGNATURE</b> 	
<b>DATE</b> 		<b>RESIDENCE AND POST OFFICE ADDRESS</b> 	
<b>CITIZENSHIP</b> 			